

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90030 045 ****55.00

DOCUMENT # L02000032529

1. Entity Name
HOME PHARMACY SOLUTIONS, L.L.C.



Principal Place of Business
1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112

Mailing Address
1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112

DO NOT WRITE IN THIS SPACE



04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
32-0046874

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, WILLIAM E
1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BUTLER, WILLIAM E
STREET ADDRESS	1125 NORTH SUMMIT STREET
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	MGR
NAME	KNIGHT, GARY
STREET ADDRESS	171 B SEMORIAN COMMERCE PL. SUITE 114
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	MGR
NAME	FLETCHER, WARREN D
STREET ADDRESS	1125 N. SUMMIT ST.
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William E. Butler

WILLIAM E. BUTLER

4/24/05

(386) 698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #